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Ethical qualities in consumption: Towards a theory of care

Abstract

This paper seeks to develop an empirically grounded theorisation of care. Current care theory tends to be conceived along philosophical, psychological and labour dimensions, with much of the literature focusing on caring labour and, therefore, invoking a productionist orientation. By contrast, our focus on consumption suggests a reorientation in conceptualising care to more fully apprehend the nuances of care neglected in a consumption context. We draw from Tronto's (2013) phases of care in arguing that care-giving is not necessarily only an activity involving one's labour. Through interviews we examine how and what we consume manifests care and caring. We theorise care in consumption as a circular and dynamic process involving the combination of awareness, responsibility and action. This enhanced understanding of care could facilitate improved market exchanges and relationships between different stakeholders.

Keywords

Care, consumption, responsibility, hope, ethics, respect

Introduction

There is growing recognition that care plays a role in consumption (e.g., Boulstridge and Carrigan, 2000; Chatzidakis et al., 2004; Connolly and Prothero, 2003; Davies et al., 2012; De Pelsmacker et al., 2005; Szmigin et al., 2009). Despite such a discourse, a conceptualisation of the meaning and expression of care in consumption is lacking. This paper develops an empirically grounded theorisation of consumer care.

A care literature has emerged from philosophy, medicine, politics, sociology and feminist approaches (e.g., Baier, 1997; Blustein, 1991; Churchland, 2011; Engster, 2005; Fisher and Tronto, 1990; Folbre, 2001; Foucault, 1986; Heidegger, 1962; Noddings, 2003; Tronto, 2013; van Staveren, 2001, 2005). This literature tends to conceptualise care as an ethically framed practice(s) and provides a production based orientation due to the labour invested in it. As a consequence of this privileging of production, consumption practices are not afforded the same epistemological or ontological emphasis. In developing a theorisation of care in consumption we seek to contribute to this existing literature by moving beyond current conceptualisations of care as a linear and dyadic process (e.g., Noddings, 2003; Tronto, 2013). Rather in consumption we propose a theory of care that is dynamic, systemic and involving the interaction of multiple stakeholders. Such a focus affords the opportunity to observe and interpret the evolutionary nature of care across consumer activities (e.g., searching,

producing, consuming, disposing) and the opportunity to explore the manifestation of care where the boundaries of production and consumption merge (e.g., Cova and Cova, 2012; Toffler, 1980). This is pertinent to an understanding of care in consumer research that unpacks the nuances and multiple dimensions of care, moving beyond the current treatment of care as a unidimensional concept.

In examining this, the paper is organised as follows: the next section discusses the conceptualisation of care. Following this, our empirical method is presented. We adopt an interpretive approach, which applies conceptualisations of care from a consumer's perspective. Then, key findings are outlined and discussed. We then draw conclusions and implications.

Conceptualising care

Care is essential to the functioning of society and a fundamental basis for being-in-the-world (e.g., Heidegger, 1962; Engster, 2005). Care may refer to attentive interest, concern, as well as actions arising as a result of such attention. Care, therefore, has philosophical (through ethical considerations), psychological (through emotional attachments and motivations) and labour/work dimensions (through the functional delivery of care activities) (Engster, 2005, 2010; Tronto, 2013; Yeates, 2011).

Some authors have articulated a case for an ethics of care (e.g., Gilligan, 1982; Held, 2006). Further, some feminist writers emphasise care as a particularly female ethical quality with justice as a more masculine characteristic (e.g., Gilligan, 1982). Such a perspective may be partly traced to Gilligan's argument that females and males differ in their moral development. For females connections in the shape of relationships form a significant part of moral development, whereas for males there may be more emphasis on individualism (separation). Held (2006) utilises this analysis to contrast the emphases of an ethics of care with justice. The former focuses on values of attentiveness, trust, responsiveness (to need), and relationality. The latter centres on notions of equality, fairness, individual rights, and the consistent application of those rights. In drawing these distinctions Held argues that the two moral approaches are not incompatible – considerations of justice are integral to care, but the respective values have a different emphasis in each moral approach. In setting out an ethic of care, Held (2006) differentiates the ethical properties of care and caring from Kantian deontology, utilitarianism, and virtue ethics. Deontology is overly rigid with its emphasis on universalism, and utilitarianism overlooks the importance of virtue and motive. Held is alert to the potentially controversial differentiation between an ethics of virtue and care. She argues, however, that the former relates to individual dispositions in its emphasis, whereas care highlights relationships and dependency. Nonetheless, there are important

complementarities, for instance, in order to care, a carer has to possess a certain array of dispositions, such as sympathy and compassion (Held, 2006; Noddings, 2003).

As we will argue, Gilligan's and Held's advocacy of an ethics of care is insightful and powerful, yet presents difficulties when conceptualising care in the context of consumption. The importance of the relational dimension in care may seem to preclude many consumption activities, where there is, for example, at most a virtual relation between an anonymous individual consumer and an anonymous producer, or where the supply chain is so extended that there is no direct relationship. While there may be some degree of (inter)dependency, it is unclear how such patterns of interaction can foster care in consumption.

In order to explore this we believe that it is important to define the parameters of care. After all, as Held (2006: 3) maintains, care has "the potential of being based on the truly universal experience ... Every human being has been cared for as a child or would not be alive". A frequently cited definition of care states:

"On the most general level, we suggest that caring be viewed as *a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible*. That world includes our

bodies, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web” (Fisher and Tronto, 1990: 40; Tronto, 2013: 19, original emphasis).

A popular criticism of this definition is that it is too broad and as a result almost any activity could be construed as care, and if every activity can be conceived of as care then care has no boundaries (Held, 2006) and, therefore, loses meaning. For Held, care is a labour that is intrinsically relational and potentially transformative; it involves reason and emotion, and is directed at particular others in addressing their needs. There is some form of dependency. A similar argument has been articulated by Noddings (2003). In her work, Noddings contests that for an activity or encounter to be considered as caring it must meet three conditions:

1. Individual A cares for individual B, in that A’s awareness is characterised by “engrossment” and “motivational displacement” in addressing the care needs of B. Thus, A is *sympathetic* to B.
2. A undertakes some act or activity that corresponds with their caring for B, i.e., the activity must address the needs of B, and be delivered with compassion.

3. B is receptive, recognises and responds to A.

Noddings' account focuses less on the practices of care than on its virtues, namely, the virtues of the (self-less) care-giver and, to a lesser extent, the recipient of care. She presents care as dyadic in nature. It also reflects an inherent inequality – B is dependent on A. Noddings demonstrates her case with reference to the programme of aid offered to Afghanistan in the 1990s following a devastating earthquake. Building materials were required, but instead food and clothing were donated. For Noddings this demonstrated a lack of “motivational displacement” and insufficient “engrossment” on the part of those involved in the Western aid programme. In effect this, therefore, cannot be construed as care as it failed condition 1. Noddings' conditions seek to establish an authenticity to caring.

Noddings' rendering of care is problematic in consumption where dependent dyadic relations fail to recognise the interrelations between different stakeholders (e.g., consumers, producers, retailers, NGOs) and the multiple mutual dependencies among these stakeholders. Of course, there may be an argument for conceiving this in terms of multiple dyads within a given supply chain. This may, however, overlook the importance of institutions and how they facilitate, shape, and constrain relationships and behaviour (e.g., Hodgson, 2015). For example, the training of medical professionals is

usually associated with the instilling of habits and values associated with dispositions and capabilities to perform acts of care.

Further, Noddings emphasis on dyadic relations may neglect self-care. The works of Heidegger (1962) and Foucault (1986) classically set out the existentialist aspect of self-care. Mansbridge (1990; ix) stated: “self-interest explains most of human interaction in some contexts, and it explains some role in almost every context”. In consumption we find care for the self (e.g., Parsons, 2010; Patterson and Schroeder, 2010; Shankar et al., 2009), as well as care for family, friends (e.g., Miller, 1998; Thompson, 1996) and distant others (e.g., Chatzidakis, 2014; Davis and Francis, 2014), which questions Noddings’ emphasis on motivational displacement and engrossment as pre-requisites for an authentic care.

Gift giving is often an expression of caring (Cheal, 1988; Fine, 2002; Moufahim, 2013). Moufahim (2013), for example, explored the emotional intensity of gift giving practices in the context of religious pilgrimages as expressions of spiritual care for family and friends. Increasingly children are socialised into reflecting upon the impact that their practices exert on their community and environment and consider recycling important in terms of care for the environment and animals (Davis and Francis, 2014). Grocery shopping, purchasing goods for loved ones and cooking meals

are conceived as manifestations of care intended as family duties. For instance, working mothers in desiring to accomplish their role as caring mothers and taking care of progressing their careers end up “juggling” their various caring roles (Thompson, 1996). Similarly, mothers can experience conflict between care for family and self (Heath et al., 2014). This results in tensions, compromises and feelings of guilt due to the difficulties encountered in enacting care across different aspects of their lives. Littlefield’s (2010) study on masculinity stresses how men are also moved by a caring ethos for their family and community (see also Nelson, 2016). Not all consumption choices in the context of the household, however, are considered to equally express care (Carrigan and Szmigin, 2006; Miller, 1998; Warde, 1999); creating conflict between care for the self, intimate and social others (McBride, 1990). Thus, rather than motivational displacement we argue that in consumption concern for the self and others may be intertwined, implying both a heterogeneity in caring but also perhaps illustrative of variations in degrees of care experienced.

On this, we find Tronto’s (2013) defence of the breadth of her definition of care, alluded to earlier, appealing. She maintains that it is an attempt to establish an overarching approach within which particular activities and practices of care may be situated. We find this helpful in that it recognises the heterogeneity and contingent nature of care. Within this frame, similar to Noddings’ analysis, however, Tronto

attempts to develop a linear conceptualisation of care and caring through distinctive, yet potentially overlapping “phases of care”, which are aligned to particular ethical qualities (see Table 1). We discuss each phase in turn below.

Table 1. Tronto’s phases of care

Phase of Care	Meaning	Ethical Quality
Care about	Awareness of a “care deficit” (needs for care cannot be met by the capacity to care)	Attentiveness (Benevolence)
Caring for	Following identification of needs, taking responsibility to meet those needs	Responsibility (Benevolence)
Care giving	Action of care	Competence (Beneficence)
Care receiving	Observing and assessing the effectiveness of the care there may be benevolence	Responsiveness
Caring with	Care identified and given should be consistent with commitments to justice, equality and freedom for all.	Plurality, trust, communication, respect, solidarity

Adapted from Tronto (2013)

The first phase, “caring about”, has the ethical quality of attentiveness (what Noddings terms as “awareness”), the potential carer is aware of caring needs. Therefore, attentiveness demonstrates some degree of empathy (Engster 2005) and benevolence – a desire (or disposition) to do good (Smith 1998).

“Caring for”, the second phase, refers to the assumption of responsibility to address the identified care need. For Noddings, caring encounters necessarily, but not sufficiently, involve the care-giver having responsibility for the care of another. More generally, responsibility has a deontological property by virtue of an individual’s social role. For example, teachers have a duty of care to their students and similarly doctors have a duty of care to their patients. Frequently, however, responsibility may be difficult to assign. In consumption a consumer may not perceive any responsibility for caring needs. For example, a consumer may be aware of sweatshop exploitation, but feel no responsibility or feel they do not have the capacity to assume responsibility for this when they purchase a product produced in undesirable conditions. There is a disconnect that may be influenced by distance (Smith, 1998).

The third phase, “care giving”, seeks to address the functional practices of care. Here Tronto invokes an ethical quality of competence in one’s ability to discharge functions and activities. Action, she argues, requires competence of both a technical and

moral nature. In consumption, technical competence can be understood in terms of skills and knowledge related to the practice of shopping (Cova and Saucet, 2014). Drawing from Tronto's over-arching definition, Engster (2005) occasions a moral obligation – a commitment – on us to recognise our mutual dependencies and to act accordingly. Beyond the dyadic relational setting envisioned by Noddings, caring responsibilities are no longer the sole domain of the professional; we all have an obligation (Engster, 2005; Morgan, 2010). In consumption, with a new wave of “responsibilisation” in the hands of consumer-citizens, consumption decisions and actions are seen as manifestations of consumer morality (e.g., Chatzidakis, 2014; Shaw et al., 2006) reflective of personalization of responsibility and authorization through expert knowledge to aid informed decision making and the capabilization of developing markets, aiding individual moral transformation (Giesler and Veresiu, 2014). Uncaring others in terms of consumers and organisations (e.g., Shaw et al., 2015) can create environmental barriers to care action. Challenges to care are important. For caring intent to be realised, or practiced, benevolence – as a *desire* (or disposition) to do good – has to be translated into beneficence – as *doing* good. Tronto recognises that the transition between phases 1 and 2, and indeed 2 and 3 frequently fail. Given the many care needs consumers may experience across self, family, friends, community, distant others, etc., complex interrelationships among these varying care demands and potential actions of care when contemplated across all consumption decisions, and consideration of the

impacts of those decisions may be overwhelming. As such, the exercise of care is subject to potentially extensive challenges, such as, time and resource constraints, socialisation norms and/or conflict as to which caring needs to address (Black and Cherrier, 2010).

In phase 4, “care receiving”, responsiveness to care action is sought. The linear approaches to care advocated by the likes of Noddings and Tronto, may only be authenticated when the activities of care are consumed and the care recipient offers some response. It is important to note that responsiveness is not always possible, or likely in some circumstances, such as, in treating (caring for) a comatose patient, or in caring for animals. Nonetheless, the literature acknowledges that responsiveness is manifest in multiple ways suggesting that some conditionality¹ is appropriate in terms of assessing the authenticity of caring acts (e.g., Blustein, 1991; Engster, 2005; Tronto, 2013).

Yet there is an under-emphasis regarding the significance of consumption on the realisation of care and when considering the over-arching definitions and aims of care advocated by Tronto and Engster. As we have argued, in consumption, responsiveness

¹ By conditionality we mean that the state of care-recipient and their ability to respond is relevant to this phase of care.

cannot be assumed where, for example, an abundance of extended and complex supply chains distance consumer-producer relationships. In such interactions consumers are frequently only able to infer caring needs and hope that their purchases are addressing these needs. Indeed, Noddings (2002) refers to “hope” when outlining responsiveness to care action. Walker (2006) highlights the importance of hope as an ethical quality, which she views as “an individual and social necessity”. In consumer behaviour hope is often focused on self, as reflected in a marketplace where a range of cosmetics, pharmaceuticals, magazines and books effectively commodify hope (MacInnis and Chun, 2007). Although definitions of hope vary, it is linked to outcomes appraised as favourable or goal congruent (Lazarus, 1991; Roseman, 1991; Smith et al., 1993). Goal congruence reflects the extent to which the environment is consistent with one’s goals and is, thus, averse or benign. As noted, the environment can mean that hope involves outcomes that are possible, but uncertain (Frijda et al., 1989; Lazarus, 1991; Roseman, 1991; Smith et al., 1993). One could argue that without hope, however, there would be little value to caring actions. Walker (2006) further argues that normative expectations create the relationship between hope and trust and as such trust is dependent on hope.

In phase 5, Tronto introduces the multi-ethical notion of “caring with”. Consumption choices invoking the ethical qualities of respect and solidarity could be articulations of care. However, we suggest that Blustein’s (1991) notion of “care that”

has some resonance. “Care that” refers to concern or interest that may be directed to a more abstract entity, such as the imagined impact of war or famine in another distant part of the World, which would not involve a relational dimension for an individual *per se*. While this indicates that an individual is interested or “invested”, there may be benevolence, but no beneficence in the form of action to affect a process or outcome. This, we believe, is especially pertinent to consumption and invites comparison with Tronto’s fifth phase: “caring with”. Thus, while some may “care that” there are poor working conditions in the manufacture of clothing, they may feel that action is pointless in that it is unlikely to lead to a desirable outcome, or they may feel that there has to be some expression of solidarity and respect, “care with”, in purchasing decisions. Tronto (2013) conceptualises “caring with” as an additional phase of care. We suggest it is a necessary, but not sufficient condition for other phases of care to be realised. Without the qualities of respect, solidarity and hope it is highly unlikely that consumers will be aware of caring needs and, hence, feel a responsibility to address those needs. Indeed, as we observed earlier, Held (2006) identified the characteristics of “caring with” as intrinsic properties of an ethic of care. The institutional environment that fosters caring with is of significance. An environment that encourages only self-care, or caring for that is confined to a particular geography, or narrow set of relationships is unlikely to enable the germination of solidarity, respect, trust and hope.

We, thus, seek to propose a theory of care in consumption. First, we challenge strict linear and dyadic models of care. Rather, we propose a conceptualisation of care that is systemic and dynamic where the boundaries between care givers and receivers are blurred as consumers may adopt multiple roles and consider multiple caring needs, requirements and hopes of different stakeholders including self, family, community, and environment, which demands that the consumer “juggle” a range of concerns (Thompson, 1996). In doing so, this highlights the interconnectedness of care, where care for self and others is intertwined. *Contra* Noddings (2002), in consumption one can have some understanding of those in need of care (engrossment), however, we suggest that rather than motivational displacement, the needs of the other need to be balanced with care for the self. Second, we query Tronto’s (2013) linearity and phases of care from awareness, responsibility to action and suggest that benevolence does not necessarily lead to beneficence. Rather, while care may move from awareness through to action, challenges, including, multiple care demands and limited resources may impede the transition from desire to action. Following this, third, we suggest that through personalization, authorization, capitalization and transformation (Giesler and Veresiu, 2014) individuals assume responsibility and information for consumer based care action that can occur through market choices, contributing to individual moral transformation. Fourth, while existing care theory is based on the notion of relationality, this cannot be assumed in a consumption context across stakeholders. Practising caring

in consumption may support “caring with”, such that there is some reinforcing circularity. Caring acts may engender greater solidarity through hope and, hence, “caring with”. Such a process could make caring consumption decisions more difficult as the implications of choice are brought into sharper focus for the consumer. Rather, where relationality is lacking we suggest hope, and related responses of trust and respect assume importance in underpinning action. We take this conceptualisation forward in the sections that follow.

Methods

Given the lack of empirical research that has examined care in the context of consumption, an exploratory empirical method was deemed appropriate. A qualitative approach using interviews with ten volunteer informants from one UK city was undertaken. Informants were recruited via invitations to participate in a study about consumption choices placed in local food retail outlets; one informant was recruited through snowballing. Independent retailers were selected following many campaigns highlighting a range of reasons to ‘buy local’ that urge consumers to care about how they spend their money (e.g., totallylocally.org). We considered that a sample of consumers from such retailers could be expected to be more sensitive to care in their consumption choices and, thus, engaged with a range of possible care issues. As such in this exploratory and purposive approach we were not seeking a sample reflective of the

general population. Please see Table 2 for information on informant gender, age, employment and a summary of concerns in consumption.

Table 2. Table of informants

Pseudonym	Age Group	Employment	Summary
Amanda	45-50yrs	Full time	Amanda's care focused on fair trade She is aware of the conflict between aspects of her support for fair trade and her environmental concerns but finds it important to prioritise issues of human inequality, as reflected in care directed at charitable giving.
Annie	30-35yrs	Full time	For Annie care was reflected in her holistic approach to consumption, dominated by a view of connectedness.
Celine	60-65yrs	Retired	Celine's commitment to care is strongly informed by her political views and activities. She is conscientious in her screening of products and companies to ensure she makes choices in keeping with her concerns.

Carrie	35-40yrs	Full time	Carrie displays a commitment to care concerns. She is, however, very aware of the challenges to consistently consuming in keeping with those concerns.
Maggie	35-40yrs	Part time	Maggie's care is focused on animal welfare, which supports her choice of a vegetarian diet.
Pete	40-45yrs	Full time	Pete's care is rooted in his concerns for people and the environment at home and overseas.
Sacha	30-35yrs	Part time	Sacha reflects care in seeking to reduce waste and support local business.
Sabina	30-35yrs	Full time mother	Sabina's care is holistic in approach. She seeks consistency between her care attitudes and behaviours, although this can be challenging.
Tarik	40-45yrs	Unemployed	Tarik's care focused on his local community and his own health and well-being.
Violet	30-35yrs	Full time	Violet sought to balance care for others with care for self.

In keeping with visual elicitation (e.g., Bell and Davison, 2012; Bolton et al., 2001), the interviews used visual imagery to uncover and stimulate thought processes

during face-to-face interviews. Informants were asked prior to the interview to collect 8-12 images (from magazines, newspapers, the internet, pieces of artwork, photographs or other sources) that represented their thoughts and feelings about their expression of care in relation to consumer choices. As the images were selected by the informants, they benefited from being directed by their agenda rather than that of the researcher. The interviews were 1-2 hours in duration. The sample size is in keeping with previous research using approaches that emphasize in-depth analysis of a relatively small number of informants (e.g., Cherrier, 2005; Connolly and Prothero, 2003; Freestone and McGoldrick, 2008). Informants consisted of eight females and two males. The female emphasis in our sample perhaps is an indication of the consumer profile of local retailers through which we generated our informants (Pearson et al., 2011). Our sample may also be a reflection of Gilligan's (1982) thesis of the feminising of care, noted earlier, which resonates with socialisation theory (House, 1981) and social structural theory (Eagly, 1987), where females are relatively more caring in disposition, perhaps signalling a differential gendered socialisation process (Bateman and Valentine, 2010; Franke et al., 1997; Oumlil and Balloun, 2009; Robin and Babin, 1997; Roxas and Stoneback, 2004). Informants were skewed to those 30 years and over. However, the age range did vary by approximately 35 years. With one exception, informants were educated to degree level. All interviews were audio-recorded and transcribed, and informants were assured of confidentiality.

All interviews were undertaken by one of the researchers to minimise bias (Lincoln and Guba, 1985). Interview transcripts were systematically coded, sorted and analyzed with the aim of identifying common patterns, themes and sub-themes both within and across the interviews in a thematic analysis. The researchers undertook this independently, before coming together in an overall analysis. This analysis was manual to facilitate greater immersion in the data when compared to computer based analysis tools (Wood and Kroger, 2000). Through this approach the data analysis supported the framing of codes reflective of elaboration and deliberations of the theoretical constructs of care. What follows illuminates the conceptualisation of care as represented through informant quotes.

Findings and discussion

Beyond awareness

Our informants experienced awareness of more care needs than they could address, resonating with Tronto's (2013) allusion to a "deficit of care", where caring needs are unmet. Indeed, most people are constrained by limited resources and cannot care across all concerns (Engster, 2005). In illustrating such constraints, Sacha describes becoming

aware of her consumption and its effects upon others following the birth of her first child:

“Yes, you have a kid and it becomes really apparent what you’re consuming and who it’s affecting...So you try and make all the right decisions from the start...Well the washable nappies was fine to start with, because I was just based in the house and you have a very simple life...Over time we were going on quite a lot of trips, and taking washable nappies when you are going away for three or four days just became unworkable. So then I started using disposable bio degradable just when we were away. So I had both on the go, and then of course over time as you get busier and you get more tired you just sort of go, oh I don’t have any washables dry at the moment and then you end up using the disposables. The washables get used less and less...Then I used the bio degradable until we left [the city] and then I couldn’t get a good enough supply of ones that worked properly when I came to [the city] or the ones that I could find were really expensive. So it just became a question of practicality. In the end I used Pampers, I think”. (Sacha)

Here we observe an awareness of a previously unmet care need in relation to consumption practices. Sacha expresses a desire to attend to this and does so through

her choice of re-usable nappies; an expression of “care about” (Blustein, 1991). Issues of time, accessibility and expense override her original care action and the market offers a more convenient solution. Sacha goes on to reason that, while it is important to make “good decisions”, such decisions are not reflective of care if they are causing “misery” to you and your family; rather a balance must be sought. While Sacha’s care awareness was not sustained by care action, her rationale can be likened to Tronto’s (2013) concept of “privileged irresponsibility”, where responsibility for acts of responsible consumption shift and, in this instance, are replaced by responsibility to balance self and family (Jackson, 1992; Thompson, 1996). Indeed, as noted by Smith (1998), it would be unwise to assume that care demands “have an equal obligation”. Here, self-interest is not suspended as required in Noddings’ (idealised) authentic care, and by this standard the authenticity of Sacha’s caring disposition is open to question. However, for us, it’s the realisation of this disposition that is the issue. Indeed, as we have argued, Noddings’ work does not acknowledge the authenticity of self-care in her ethic of care, suggesting this could jeopardise rather than promote care for others (Engster, 2005). As Sacha suggests if addressing a care need resulted in “misery or discomfort” for your family this does not, in her view, represent care.

Pete similarly illustrates an awareness of a care need and an obligation to respond to that need. As he continues we find self-interest embedded in his care for others:

“Yes, well everything is interconnected isn’t it?...To me it’s important to attempt to respond to, if you are aware of these issues and care about the sorts of issues... Here in [home city], a collective of radical film makers, one of our crowd [name] made a film...a documentary about banana plantations in the Caribbean...since then...if I cannot get a fair trade organic banana I won’t eat a banana... Here I’m talking about a particular type of solidarity, a mutual solidarity where it’s not based on sympathy or altruism as in sort of charity sort of work. It’s based on joint struggle against international capitalism”. (Pete)

While Noddings (2003) argues that sympathy and compassion are pre-requisites to an authentic care, Pete is clear that his response is one of mutual solidarity and shared struggle and “not based on sympathy or altruism” to care needs. This is aligned to Tronto’s (2013) “caring with”. Pete went on to outline further reasons for his choice of organic produce:

“Usually whenever possible I try and eat organic and support organic farmers. And that’s for a range of reasons. One is care for self in terms of what you’re putting in your own body; I think you can get a healthier diet, and more nutritional diet. Secondly it’s tied into concerns about long term damage of the environment and the quality of soil and so on, and eco systems brought about by chemical fertilizers, chemical pesticides...in a sense to me part of a broader approach of how we refashion agriculture away from a fossil fuel intensive agriculture, towards something that’s more locally attuned, much more friendly and in tune with the environment and for small farmers rather than large corporate”. (Pete)

The care literature frames attentiveness in terms of the possibility of suspending self-interest in order to attend to the needs of one’s care focus (Engster, 2005; Held, 2006; Sevenhuijsen, 1998; Tronto, 2013). In the main, as illustrated by Pete, we find an interweaving of care for, and beyond self, evident across our informants, which challenges a dyadic model of care. Thus, in this, we observe that rejection of self-interest is not a necessary condition for engrossment and care focus to occur.

Tronto (2013: 59-60) argues, “the more aware people become of their interconnectedness with others, the more responsible they become as well”. For many,

such awareness was overwhelming and immobilising and did not result in attentiveness as Tronto (2013) suggests. Annie, a vegan, described the challenge of sourcing footwear that cares for self in terms of good quality and fit, animals in being non-leather and the environment in avoiding chemicals in production, she states, “I’ve gone round and round in my head and I still don’t know what the answer is”. Instead, we find a desire to do ‘good’ – benevolence (Smith 1998), hindered by competing care needs. Where care awareness was acted upon we did not find the ethical qualities of attentiveness and motivational displacement as described in the care literature but rather a move from benevolence, the desire to do good to beneficence, the act of doing good in care for self and others. We now turn our attention to responsibility and action.

Responsibility and challenges to care action

Tronto (2013) cites responsibility as pertinent in moving care beyond awareness. This means that once care needs have been identified that responsibility is taken to meet these needs:

“This is what you would say is my overriding concern right now about everything I do and buy. It’s basically saving the planet because to me I think it’s the imperative issue of the day and that’s what this article by these twenty leading environmental scientists, very eminent, have said...This is a quote

which is actually in the Good Shopping Guide earlier edition, 2003. It sort of impacted on me as that's what I've always sort of believed, in the sense that mainly through my political beliefs and so on - that every individual has an impact. It may not be anything immediately visible but if lots of people do things individually, you know everybody's sort of helping to build the wall; everybody is putting in a brick. And I suppose one of the things I hated about the last 30 years or so is the growth in selfishness and greed and people being totally ignorant or not caring about the consequences of their own individual actions". (Celine)

Beyond her own responsibility to make caring choices, Celine believes that responsibility for environmental problems should be shared with others. Similarly, when discussing the polluting effects of consumer and company activities, Sabina, reflecting on a book she had read on the subject, states this "should always be something that is on people's minds". This echoes Engster's (2005) sense of obligation. As noted, Giesler and Veresiu's (2014) processes of responsibility (personalisation; authorization; capabilization; transformation) are helpful in considering the multiple facets of responsibility in a consumption context. Celine and Sabina reveal evidence of personalization (redefinition of the solution of a focal social problem in terms of the responsible consumer in contrast to the irresponsible consumer) and authorization

(drawing upon expert knowledge legitimates the responsible consumer). Personalization is evident as both determine that individual responsibility is a key solution to the social problem of an environmental crisis. Here, however, in defining their own personal responsibility, they also note the responsibility of others to individually take action and at times contrast their care against others who don't care. Personal responsibility and care action is legitimised through authorization in the form of expert knowledge from scientists and, for Celine, a trusted shopping guide supporting responsible consumer choice. Indeed, Celine and Sabina are aware the market is not neutral and, like many of our other informants, use information beyond the market in an attempt to apprehend 'truth'. Maniates (2002) is critical of individualization of responsibility in relation to environmental problems, advocating one's role as a citizen first and consumer second. Like Connolly and Prothero (2008) we find this an over-simplification. For example, although actively engaged in *careful* consumption through the market, this was not exclusively how Celine sought to address care for the environment (she was also active politically and through membership of environmental organisations). Indeed, Celine was critical of what Giesler and Veresiu (2014) refer to as "capabilization" (development of a market infrastructure to support ethical self-management). An example cited was fair trade, representative of the creation of an infrastructure of products that support individual care responsibility through the market, i.e., capabilization. Sales of fair trade products have grown significantly over the past

decade (e.g., Ethical Consumer Markets Report, 2014), in the main due to the mainstream availability of such products through supermarkets. Like Celine, many of our informants were concerned that the market focus of fair trade has diminished the social justice message of fair trade's origins.

Many companies have been accused of using 'care' rhetoric without substance, resulting in criticisms surrounding a lack care (e.g., Brunk, 2010). Indeed, the Cooperative bank was subject to scandals that questioned its position as a 'caring' bank (e.g., Kollwe and Treanor, 2015). Informants shared many examples of consumption experiences where a desire to act upon a care need was challenging due to market norms and company practices considered the antithesis of caring:

"...the hospitality industry where they don't have a strong union, and certain hotels will actually offer differential pay scales according to where the worker comes from...there have been some companies that have been...sort of identified as contributing to labour exploitation in some way...Why are they going to care, if they are going to get a better profit, there is not enough enforcement". (Carrie)

Tronto (2013) makes the distinction between responsibility for care and care action. Following from above, when Carrie considered care action she went on to say, “I wouldn’t even begin to know how...What you can maybe do is be conscious about the things that you buy from the big companies, but that’s a complete minefield to actually find out where have those things been produced”. While competence in choice did not follow Carrie’s concerns about worker exploitation, moral concern for the plight of workers remained. Informants often did not experience an environment that facilitated care interests and responsibilities. Where care responsibility was assumed often this was encumbered by uncertainty and for some a justifying of choices felt to be lacking in care action.

Respect and hoping to care

A positive ‘response’ (from the care receiver) is identified as a key element in authentic care (e.g, Noddings, 2002; Tronto, 2013). In the context of many consumption activities in contemporary capitalism, responsiveness is confounded by the prolificacy of extended and complex supply chains distancing consumer-producer relations. In such interactions consumers are frequently only able to infer caring needs and hope that their purchases are addressing these needs, having resonance with Blustein’s (1991) “care that”, outlined earlier. We find that “care that” in the absence of an ability to display responsiveness, may be associated with the language of “hope”, which was used

frequently across informants to refer to their purchases reflective of care. Examples include: “the farmers can have some sense of security, I *hope*” (Amanda, emphasis added), “*hopefully* it goes to recycling. Yes I’m *hopeful* it does and is not just dumped” (Maggie, emphases added) and, in relation to charity shop donations, “*hopefully* the right person gets it at the end of the day” (Violet, emphasis added). In making the connection between hope and trust (Walker, 2006), we find that among informant’s hope was directed at caring consumption contexts (e.g., biodegradable nappies, work of charities, recycling, fair trade) and, despite the lack of certainty, trust was directed at local business, fair trade and organic companies who produced and traded in such products, while informants were neither hopeful or trusting of large companies. Walker (2006) argues that normative expectations create the relationship between hope and trust, here the expectation is that mainstream companies are uncaring and, as Walker further argues, placement of hope in such instances would be misguided. Despite this, and given the dominance of large companies and retailers in the market, some informants sought to engage in strategic consumption practices in an attempt to send a message through the market (Shaw and Black, 2010; Shaw et al., 2006). This, however, may be effective in bringing about a market response but informants questioned whether this response from the market was reflective of a care or profit motive. Carrie took a ‘means justifies the end’ approach in relation to fair trade, hoping that purchasing from retailers whose ethic of care was questionable was justifiable if it contributes to

the extension of the market for fair trade. Maggie questions her ability to engage in strategic choice due to an inability to assess the effectiveness of care actions:

“People say they got rid of the supplier because, was it India or somewhere, and because it was sweatshops they had. But then I heard an argument that they should not have done that, they should have worked with the producer to try and improve conditions. So I don’t know which is the best.” (Maggie)

This serves to further highlight the unequal relationships at play here. Hoagland (1990) views such relationships as ethically problematic, as one party is dominant, inferring and selecting the care needs of the other, putting the cared for in a dependent position with little, if any control over the nature of the caring. This was not a position which informants found comfortable; instead, the lack of ability to adequately assess the effectiveness of care action left many uncertain and despondent. Rather, given a strong sense of benevolence, beneficence was enacted with a sense of hope and trust that care giving and receiving was indeed occurring.

Drawing on Sevenhuijsen (1998), Tronto (2013) through “caring with” highlights the importance of the qualities of commitment and respect to care. While informants hoped that their care was effective in terms of “care receiving” (Tronto,

2013), we found that effectiveness in the action of consuming, care was sought through respect:

“Just eating dead stuff just doesn’t seem right does it? ... But now I do find that having been veggie and conscious of it does make me really appreciate meat when I have it...I do find myself getting cross when people kind of pretty much have meat every single night and don’t really respect where it’s coming from ... So I do try and make sure I get the best possible version, and I don’t mind paying over the odds for a free range goose at Christmas or something like that. I think it’s to do with how the animals’ been cared for and if it’s killed humanely. And then it’s given the respect it deserves. If I buy a chicken, I buy a free range chicken as I know it’s been well looked after and usually will have been killed humanely. Then would make a big deal out of having it as a meal, as a family, and do something really nice with it. Prepare lots of veg so as it goes a lot further. And then it would do lunch and sandwiches the next day. Then the bones get used and boiled up into oblivion, to make stock for soup that will do us another couple of days. So I feel that by doing that I’m kind of giving it the respect it deserves. (Violet)

In seeking to balance caring decisions, Violet illustrates the varied and extended process of care in consumption. Playing the role of care giver and receiver Violet manifested care for herself, her family, the chicken and the environment in her purchasing, cooking and consuming of the animal. Similarly, Sabina in describing her purchasing of gloves for her children, explained how care for her children having warm hands was balanced with care for unknown distant producers. The gloves were made “in some sustainable way” and she believes this is beneficial to all. She described the time taken to source the gloves, her commitment and respect for the producer of the gloves and the gloves themselves and her intention to maintain the longevity of the gloves through repair, as once purchased they become an abiding reminder of her care giving. In being respectful there was a requirement for some commitment. Following Blustein (1991), commitment may be framed in terms of a disposition or dedication to something (or someone). Given this, benevolence is more likely to translate into beneficence. However, if a commitment is perfunctory then dispositions may not readily be translated into caring practices. To some extent this reflects Noddings’ (2003) emphasis on “motivational displacement”. Interestingly, although Violet and Sabina’s commitment is such that their caring practices do not involve a trade-off between caring for their intimate others and caring about more distant others, it does, however, entail greater financial and time costs. What is sought is a hope in being respectful and effective in care in the absence of knowing if this is actually achieved.

Conclusion

The contribution and novelty of this research is in offering a theory of care in consumption (Figure 1). This theorisation is relevant given the importance of care in consumption and unpacks for researchers and practitioners the nuances, multiple dynamic dimensions and interactions of care across multiple stakeholders. The theory offers insights into how care plays out across differing consumption considerations. This will be pertinent in contributing to improved market exchanges and relationships among stakeholders.

Insert Figure 1

First, we find support for our conceptualisation of care as systemic and dynamic involving the interplay and interdependencies between different stakeholders (e.g., consumers, producers, retailers, NGOs). For example, in purchasing a fair trade product, there are multiple relations of dependency of one agent on another (farmer and producer; producer and retailer; retailer and consumer; producer and consumer; farmer and consumer). Thus, rather than care offered from a care giver to a care receiver, we illustrate manifestations of care that represent circular and dynamic trajectories.

Important among these multiple stakeholder relations is the interplay of care for both self and others.

Thus, second, we find care for self and others deeply intertwined. In consumption, one can have some understanding of those in need of care (engrossment). However, we find that rather than Noddings' notion of motivational displacement, the needs of the other are balanced and often embedded with care for the self. We argue both can exist in care. Interconnectedness of care needs could result in responsibility (Tronto, 2013), but could also be immobilising; hence, benevolence but not necessarily beneficence. Thus, third, querying a strict interpretation of Tronto's (2013) linearity of care from awareness, responsibility to action, we find benevolence and, only where challenges do not impede, is there a translation to beneficence.

Fourth, through personalization and authorization informants contrasted themselves from those that "don't care" and sought knowledge to support care action. Distinct from Giesler and Veresiu (2014), care was not supported by the dominant market infrastructure, which was deemed to put profit first. The lack of specified social roles, for example, as a teacher would have to a student, supported by education and training, are less obvious in a consumption context where there may be no obvious 'other'. As Adam Smith (1759) anticipated, the problem of impersonal market

transactions increases the distance between people and, thus, sentiment between them. Thus, while personalization occurred through feelings of individual responsibility, we do not observe a landscape where responsibility was supported through capabilization. As such, Giesler and Veresiu's (2014) final process of "transformation" representative of supported behavioural change was obstructed. Indeed, while Giesler and Veresiu (2014: 841) note, "during *transformation* individual consumers adopt their new moralized self-understanding", we observe moral qualities at the point of personalization, but find these inhibited as the process of capabilization through the market fails to fully support desired care choices. Here challenges, including, uncertainty and lack of choice came to the fore. Rather than a transformation to a new moralized self, we find the further development of moral qualities from desire to behaviour hindered by a market infrastructure reflective of profit rather than care.

Fifth, while existing care theory is based on the notion of relationality, as represented forcefully in the work of Gilligan (1982), Noddings (2003), Held (2006) and others, this cannot be assumed in a consumption context across stakeholders. For us, this implies and places a conditionality on care that would potentially exclude caring from much of the realm of contemporary consumption practices. Instead, we acknowledge Blustein's (1991) reference to the potential of "care that", where a caring disposition is not conditional on a particular array of relationships. Importantly, we find

that where relationships are either absent or limited, caring and care may be more conditional on hope. Indeed, accompanying hope are trust and respect, which we find underpin desires to act. Tronto (2013) conceptualises “caring with” as an additional phase in her framework. We view this as necessary, but not sufficient for other phases of care to be realised, and acknowledge the potential synergy between “caring with” and “care that”. Without the qualities of hope, trust and respect, we find it is highly unlikely that consumers would care that unidentified and distant others have caring needs and, hence, feel some sort of a responsibility, or obligation to address those needs. Indeed, performing caring acts, such as respectful consumption, as demonstrated by Violet’s discussion of consuming a free-range chicken, may reinforce solidarity and hope and, therefore, “caring with”, which further serves as a platform for subsequent acts of caring consumption. In other words, there is a potential circularity as opposed to a simple linearity in the phases of care, and acts of care in consumption may be reinforcing and, hence, interlinked. Unlike standard economic accounts of scarcity, caring acts do not exhaust some ‘stock’ of care. Rather they may support and enhance dispositions to care, and simultaneously potentially render consumer choice more challenging as the moral implications of decision-making may be more acute for the consumer. Following socialisation theory (House, 1981), we found such care deep-rooted, with most of our female informants describing care as stemming from familial socialisation experiences. For example, Violet when considering food production and consumption reflects: “I try

and be a good example to my own kids. Lead by example as my mum did with me, and also as a generation they need to be aware in a very positive way of a good way of working”.

Tronto’s work seeks to afford a means by which to analyse when and how caring is done and as such provided an important framework for our study. Our research questions the linearity, and relationality of parts of the care literature (for example, Noddings’ work). As illustrated in Figure 1, we reveal the dynamic nature of caring. We propose a theory of care in consumption that provides a place for self-interest. Awareness of care needs abound and we find benevolence with only some care needs translating into beneficence. Beyond a singular reading of responsibility in care we recognise the multiple roles of personal responsibility supported by authoritative sources of legitimisation. With relationality lacking, hope and trust become imperative in supporting aspired actions of care, with respect present throughout as consumers seek to be attentive to care while often uncertain of the outcomes of intended care actions. We envisage this as a starting point and would encourage others to consider the nuances and multiplicity of care beyond a singular reading and in doing so develop further the contributions put forward in this study. For example, future research could seek a larger sample population. This may reveal a wider diversity of consumption contexts and stakeholders. Moving beyond patrons of local food retailers will serve to strengthen our

understanding of the role of hope and trust through, perhaps, including consumers who favour larger retailers. While our study illustrated how consumers care through consumption choices that consider different stakeholders, future research could extend further our understanding of care in the marketplace through the inclusion of other stakeholders, such as producers, retailers and NGOs directly in their study. The current study population neglected those younger than 30 years of age. Including younger people in the sample population would provide insights into if and how younger generations attribute importance to care in consumption. We believe that further enhancing the understanding of how caring occurs in the marketplace could assist in improving market exchanges and the quality of relationships between different stakeholders for a common good.

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Figure 1. Care in Consumption

